



AGING AND ADULT SERVICES ADMINISTRATION (AASA)  
RESIDENTIAL CARE SERVICES (RCS)  
**REQUEST FOR AN ADMINISTRATIVE HEARING**

OFFICE OF ADMINISTRATIVE HEARINGS  
PO BOX 2465  
OLYMPIA WA 98507-2465

I request a hearing to contest the nursing facility's decision to transfer/discharge me.

I was notified of the nursing facility's decision on \_\_\_\_\_  
DATE

RESIDENT NAME		TELEPHONE NUMBER
NURSING FACILITY NAME		
NURSING FACILITY ADDRESS		
CITY	STATE	ZIP CODE
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENT SIGNATURE		DATE
<b>DO NOT COMPLETE THE FOLLOWING INFORMATION IF THE NURSING FACILITY RESIDENT IS REPRESENTING HIM OR HER SELF.</b>		
RESIDENT REPRESENTATIVE NAME		TELEPHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE
RELATIONSHIP/ORGANIZATION		